	N. BWRITE PLAMLY, WATH UNFADING INK-THIS IS A PERMANEN, AECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		Same and the same
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	TE	n she	E O	TION is very important. See instructions on back of certificate.	
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V. S. No. 1

				F MAR	YLAND-	CERTIFICATE OF DEATH (15145	
1. 1	PLACE OF		ARRETT			775	
	Village or Ci		CHETRY	, TARYT	VD.	Registration Dist. Np.	
		,				No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
	Length of resid			hilip Bo		ds. How long In U.S. if of foreign birth? yrs. mos. ds	
2. 1	FULL NAM	ME	FELTA E	urrrb o	J WI.,8611		
	(a) Residence	e: No		(Usual place	of abode)	St., Ward. If nonresident give city or town and State	-
-	PERSON	AL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	D
3. SEX) []		r or race i te	5. SINGLE, MAR OR DIVORCE Infe	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 1 (Ay, 17, 1933 193 (Month) (Day) (Year)	
H	USBAND of Or) WIFE of	ed, or divo		oln Bow	nan	22. I HEREBY CERTIFY, That I attended deceased from	
6. DAT	E OF BIRTH	month, day	(, and year) J	une. 30	, 1926	I last saw h ative on, 19; death is said	
7. AGE	Year	rs	Months	Days	If LESS than	to have occurred on the date stated above, atm. *	
	6		10	17	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset	
8	kind of w	ork done,	rticular as SPtNNER, PER, etc	Child		Shot and killed by Sanuel	
- 1550	Industry or b	usiness in	which			Lincoln Bowan. Homicidal Cuyla	
			ILK MILL,		**	Momental e Just 102	
2 1	this occup	ation (mor	ked at oth and	11. Total ti	me (yeers) nt in this upation		
			Tallann	199		Other Contributory Causes of importance:	
12. BIF	(State or coun	y or town). try)	Jarrett	County	وعلاناعاتنا		
13	NAME Sa	nuel	L. Bown	nan			
14	BIRTHPLACE	(city or to	wn) Penn	a		Name of operation Date of	-
<u> </u>	(Stele or					What test confirmed diagnosis?	
E	. MAIDEN NAM	0.0		nt		23. If death was due to external causes (VIDLENCE) fill in also the following:	
2 16 E	. BIRTHPLACE (State or	(city or to	wn) Penn			Accident, suicide, or homicide? Harried La. Date of Injury	
17. INF	DRMANT		Agnes lett Cour			Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BUI	Place Place			Date 19V	, 19,,19 33	Menner of injury	
19, UN	DERTAKER (Address)		Bolden land, L	erylend.		24. Was disease or injury in any way related to occupation of deceased? If so, specify	-
20. FIL	ED.5/17/	/, 1	933 11	in Ko	wan Registrar.	(Signed Wind Now up Light Strange)	?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	cample I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	THE CHIME	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 11 12 22	July 5,1927	Peritonitis	3 days ago
	BUREAU			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state KECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY TH UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATTH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. -WRITE PLAINLY, VA V. S. No. 1

N. B.

1. PLACE OF DEA		F MAR	YLAND—	CERTIFICATE OF DEATH	
	ARRETT			Registration Dist. No.	
, , , , , , , , , , , , , , , , , , , ,	CINRY,	TARYLA			
				death occurred in a horpital or institution, give its NAME instead of street and number)	
Length of residence in o				ds. How long in U.S. if of foreign birth?yrsmosds.	
2. FULL NAME	Samuel .	Lincoln	Bownan		
(a) Residence: No.		(Usual place		St., Ward. If nonresident give city or town and State	
PERSONAL AN	ND STATISTI			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COL	OR OR RACE	5. SINGLE, MAR	RIED, WIOOWED, D (write the word)	21. DATE OF DEATH Lay 17, 1933 (Month) (Day) (Year)	
5a. If married, widowed, or div HUSBAND of (or) WIFE of Sara	orced In Elizal	beth Bo	m an	22. I HEREBY CERTIFY, That I attended deceased from 19 33, to 19 3	
6. DATE OF BIRTH (month, da	An:	ril l	1865	I last saw h alive on	
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at	
68	7	17	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or p	particular		1 01	Suicide, hung himself after Date of onset	
SAWYER, BOOKKE	as SPINNER, FE	arier		shooting and killing, Harry Philip. Bowsen, Escaped to the goods	
Work was done, as SAW MILL, BANK,	n which SILK MILL,				
kind of work done SAWYER, BOOKKE SINGULARY OF BUSINESS Work was done, as SAW MILL, BANK, 10. Date deceased last wo this occupation (mi year)	orked at onth and	\$DG!	ime (years) nt in this	and was found hanging to a tree.	
12. BIRTHPLACE (city or town (State or country)	Garret	tt Count		Other Contributory Causes of importance: Inquest held.	
13. NAME Loses					
13. NAME FOSES 14. BIRTHPLACE (city or t (State or country)	own) McHe	enry Md.		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?	
15. MAIOEN NAME SU	san Bows	ser		23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIOEN NAME SUR 16. BIRTHPLACE (city or t (State or country)	own)Ga.r.	rett Coi	inty	Additional, suicide, or hemicide? Date of injury 19	
17. INFORMANT Henr (Address)	3 79 9	1 d.		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR			0 00	Manner of injury	
Place Thayer	VILLE. A	Coate 5-	19 33	Nature of injury .	
	Becaused antegra	irvland.	owan	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Lead Jourge Registration	
	I) more	blanks are needed, a	Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

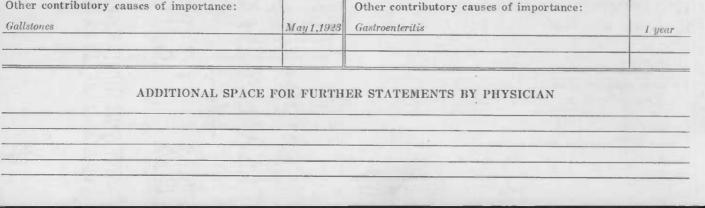
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:



AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N RESERVED FOR BINDING

N. B.—WRIT	MAKGIL	N. B.—WRITE PLAINLY, TH UNFAD	mation should be carefully supplied.	CAUSE OF DEATH in plain terms, s	
	V. S. No. 1	N. BWRI	T mation	CAUS	

1. PLACE OF DEATH COUNTY CANNEL COUNTY COUNT	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. Near Oaldard Md. No. Langth of residence in city or town where death occurred. (a) Residence: No. (b) How long in U.S. If of foreign birth. (b) Residence: No. (c) Residence: No. (d) Residence: Cart I For Cart I For No. (d) Residence: No. (d	1. PLACE OF DEATH	179)
Langth of residence in eily or town where death occurred. Langth of residence in eily or town where death occurred. 4. Residence: ND. (a) Residence: ND. (b) Manual Death. (b) Manual Death. (c) Residence: ND. (c) Ward. (d) Residence: ND. (E) Ward. (d) Residence: ND. (E) Ward. (E) Manual Death. (E) Ward. (E) Manual Death. (E) Ward. (E) Manual Death. (Month) (Mont	County Garrett	Registration Dist. No. / 6 6
Langth of residence in eily or town where death occurred. Langth of residence in eily or town where death occurred. 4. Residence: ND. (a) Residence: ND. (b) Manual Death. (b) Manual Death. (c) Residence: ND. (c) Ward. (d) Residence: ND. (E) Ward. (d) Residence: ND. (E) Ward. (E) Manual Death. (E) Ward. (E) Manual Death. (E) Ward. (E) Manual Death. (Month) (Mont	Village or City Mear Oakland Md	No. St., Ward
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	Length of residence in city or town where death occurredyrsmos	
PERSONAL AND STATISTICAL PARTICULARS 3. SIX. 4. COLOR OR RACE 5. S. SINGLE, MARRIED, MINOWEO AND MYDERCED (write the word) 5. S. II married, widowed, or diversed OHIDSANDER OF MARTH (month, pd., and year) 6. OATE OF MARTH (month, pd., and year) 7. AGE 8. Trade, profession, or particular 8. AMY ER, BOOKKEEPER, etc. 8. Trade, profession, or particular 8. AMY ER, BOOKKEEPER, etc. 9. Trindustry or business in which 9. SANY ER, BOOKKEEPER, etc.		
3. SEX. Homal. 4. COLOR OR RACE 1. S. SINGLE, MARRIED, WINDRED (wince the word) 2. May 11 1933 to May 11 1933 5. It married, widowed, or divorced with the company of the word) 2. May 11 1933 to May 11 1933 6. OATE OF MERTH (month, by), and year) ACT AGE Years Months 1. Days If LESS than 1 day, hrs. to have occurred on the date stated above, at 5. 40. P. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: SAW MILL, BARK, etc. 1. D. Date decreased last worked at this occupation (month and y spent in this y occupation) The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 12. BIRTHPLACE (city or town) More and the product of the date of the product of the product of the date of the product of the product of the date of the product of the date of the product of the product of the date of the product of the		
Description of the property of	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO, OR DIYORCED (write the word) Single	21. DATE OF DEATH May 11" 1933
T. AGE Vears Months 12 Days If LESS than 1 day. hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 1. Industry or business in which were as follows: 1. Industry or business in which work was done as stated above, at. 5. 40 P. P. 1. Industry or business in which were as follows: 1. Industry or business in which were as follows: 1. Industry or business in which were as follows: 1. Industry or business in which were a subject on the sate data above at. 5. 40 P. P. 1. Industry or business of importance 1. Industry Causes of importance 2. Indust	O-HUSBAND-OL.	22. I HEREBY CERTIFY. That I attended deceased from May 11", 1933, to May 11", 1933.
8. Trade, profession, or particular wind of work done as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which was done as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at this occupation (month and was accupation) as pent in this was come as SILK MILL, Saw MILL, BAKK, etc. 11. Total time (years) spent in this was compared by the present alteraction of the constributory Causes of importance were as follows: 12. BIRTHPLACE (city or town) Maryland 13. NAME Waird Welfor Branch 14. BIRTHPLACE (city or town) Maryland 15. MAIDEN NAME Was a Rule of the present autopsy? May test confirmed diagnosis? 16. BIRTHPLACE (city or town) Maryland 17. INFORMANT Agriculture of the present autopsy? May test confirmed diagnosis? 18. BURIAL, CREMATION, OR REMOVAL Place (Mayeralle) as the May a Rule of the present autopsy? May whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER (Address) Agriculture of the present autopsy? May started on the public PLACE. (Signed) At Was disease or injury in any way galated to occupation of deceased? 18. Surface protection of the present accuracy of importance were a surface of injury. Nature of injury. N	6. OATE OF STRTH (month, 194, and year) Level 10. 1933	
SHAPPLACE (city or town) 13. NAME Waster Country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BIRTHPLACE (city or town) (State or country) 19. Waster an autopsy? May 10. Birthplace (city or town) (State or country) 10. Birthplace (city or town) (State or country) 11. Total time (years) spent in this occupation Other Costributory Casses of importance: Name of operation Name of operation What test confirmed diagnosis? Was there an autopsy? May 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Maryland 17. INFORMANT Place (Mayurulle Oate Oate Name of operation Name of operation	// 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Maryland 13. NAME Name Name Notation Brant 14. BIRTHPLACE (city or town) Maryland 15. MAIDEN NAME Name Name Name Name Name Name Name Name	8. Trade, profession, or particular kind of work done, as SPINNER,	from from from the state of the
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Maryland 13. NAME Name Name Notation Brant 14. BIRTHPLACE (city or town) Maryland 15. MAIDEN NAME Name Name Name Name Name Name Name Name	SAWYER, BOOKKEEPER, etc.	Dikyennia pouson
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Maryland 13. NAME Name Name Name Name Name Name Name Name	work was done, as SILK MILL, SAW MILL, BANK, etc.	family and in the total is
13. NAME Waid wilson Brant 14. BIRTHPLACE (city or town) Maryland 15. MAIDEN NAME Par land What test confirmed diagnosis? 16. BIRTHPLACE (city or town) Maryland 17. INFORMANT Par land Washer What was due to external causes (VIOLENCE) fill in also the following: 18. BURIAL, CREMATION, OR REMOVAL Place Address) 19. UNDERTAKER (Address) 11. Oste May 13. 19. 3. 11. 19. 3.		Continuing 1-64 th grain strychnia
What test confirmed diagnosis? Was there an aulopsy? May 15. MAIDEN NAME (Pru) a Bella (Profice of Country) 16. BIRTHPLACE (city or town) Maryland (State or country) 17. INFORMANT Park (Address) Caffand (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) Caffand (Address) 19. UNDERTAKER (Address) Caffand (Address) Caffand (Address) 19. UNDERTAKER (Address) Caffand (Address) Caffand (Address) Caffand (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (12. BIRTHPLACE (city or town) Maryland (State or country)	
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What test confirmed diagnosis? Was there an aulopsy? May 15. MAIDEN NAME (Pru) a Bella (Profice of Country) 16. BIRTHPLACE (city or town) Maryland (State or country) 17. INFORMANT Park (Address) Caffand (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) Caffand (Address) 19. UNDERTAKER (Address) Caffand (Address) Caffand (Address) 19. UNDERTAKER (Address) Caffand (Address) Caffand (Address) Caffand (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (14. BIRTHPLACE (city or town)	Name of operation
17. INFORMANT Park Branch Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. (Address) Oakland Manner of injury Place Mayerialle Oate May 13", 1933. 19. UNDERTAKER Ontroy Bolden State Oate May 13", 1933. 19. UNDERTAKER Ontroy Bolden State Oate May 13", 1933. 19. UNDERTAKER Ontroy Bolden State Oate Oate May 13", 1933. 19. UNDERTAKER Ontroy Bolden State Oate Oate Oate Oate Oate Oate Oate	(State or country) // Gryland le	What test confirmed diagnosis?
17. INFORMANT Park Branch Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. (Address) Oakland Manner of injury Place Mayerialle Oate May 13", 1933. 19. UNDERTAKER Ontroy Bolden State Oate May 13", 1933. 19. UNDERTAKER Ontroy Bolden State Oate May 13", 1933. 19. UNDERTAKER Ontroy Bolden State Oate Oate May 13", 1933. 19. UNDERTAKER Ontroy Bolden State Oate Oate Oate Oate Oate Oate Oate	15. MAIDEN NAME Veral La Rella III Solice	23. If death was due to external causes (VIOLENCE) fill In also the following:
Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. (Address) Oakland May 13", 1923 18. BURIAL, CREMATION, OR REMOVAL Place Mayerialle Oate May 13", 1923 19. UNDERTAKER Ontroy of older States of injury 19. UNDERTAKER Ontroy of May 13", 1923 19. UNDERTAKER Ontroy of older States of injury In any way telated to occupation of deceased? 11 so, specify (Signed) of the finance of injury In any way telated to occupation of deceased? 12. FRED ag 12, 1933 relian of order of injury In any way telated to occupation of deceased? (Signed) of the finance of injury In any way telated to occupation of deceased? (Signed) of the finance of injury In any way telated to occupation of deceased? (Address) Oakland Maryland Maryland	16. BIRTHPLACE (city or town) - Maryland (State or country)	Where did injury occur?
Place Mayeriable One May 13", 1933. Nature of injury 19. UNDERTAKER One of May 13", 1933. Nature of injury In any way gelated to occupation of deceased? (Address) Oakland May (Signed) of W. H. M. D. (Signed) of Mayer Mayer Mayer M. D. (Address) Oakland Mayer Mayer M. D. (Address) Oakland Mayer Mayer M. D.	00000	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Callant ma. 11 so, specify of life of the stand of the specify of the specific of	18. BURIAL, CREMATION, OR REMOVAL	
do con registral. (Audiess)	(Address) Calcara md.	- 1 2 0/!

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

051	MR
UU	30

_	130)	1
7	Registration Dist. No.	62
(If	No. St death occurred in a hospital or institution, give its NAME instead of street ds. How long in U.S. if of foreign birth?	
eds	ich buster	*
	St., Ward.	
	If nonresident give city or town	
5	MEDICAL CERTIFICATE OF DEAT	Н
WED, word)	21. DATE OF DEATH May 3 (Day)	, 193 <u>3</u> (Year)
65	22. I HEREBY CERTIFY, That I atta 1 1933, 10 1 lest saw h MM alive on 111 AU & 19, 19	nded deceased from
than hrs.	to have occurred on the date stated above, at Disem. The PRINCIPAL CAUSE OF DEATH and related causas of Importance	
/ · · · · · · · ·	were as follows:	Date of onset
40	Other Contributory Causes of importance	
	acule cyalitas	
1		
	Name of operation	//
	What test confirmed diagnosis? Was there	
	23. If death wes due to external causes (VIOL ENCE) fill in also the followed	
	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
1	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLI	d State) C PLACE.
19 33	Manner of injury	
	24. Was disease or Injury in any way related to occupation of deceased	, 200
00	If so, specify (Signed) (Signed)	•
strar.	(Address) Ann Leville	M. D.
egistrar, 2	2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

BINDIN

RESERVED

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Garrett Registration Dist. No. Village or City Accident, Md.. (If death occurred in a borpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 4 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds. 2. FULL NAME Mary Ellen Groer (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write tha word) White Female Widowed 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of Joseph Groer May 20, 19 33, to May 21 19 33 6. DATE OF BIRTH (month, day, and year) March 30. 1866 7. AGE Years Months Oavs If LESS than I day....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 67 or min. 8. Trade, profassion, or particular Cerebral Hemorrhage OCCUPATION kind of work done, as SPINNER SAWYER, BDOKKEEPER, etc. General house work Jo back 9. Industry or business in which work was dona, as SILK MILL. In son's home 1D. Oate deceased last worked at 11. Total time (yaars) this occupation (month and spant in this year) ... 1827 . 1933 occupation instructions Othar Contributory Causes of Importance 12. BIRTHPLACE (city or town) ___ Maryland (State or country) Arteriosclerosis FATHER 13. NAME Jacob Schrover See 14. BIRTHPLACE (city or town). Pennsylvania (Stata or country) What test confirmed diagnosis? Was there an autopsy? NO MOTHER 15. MAIDEN NAME Harriett Bittner important 23. If death was due to external causes (VIDLENCE) fill in also the following: 16. BIRTHPLACE (city or town) West (Stata or country) Whare did injury occur?... (Specify city or town, county and State) Specify whathar injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. very (Addrass) 18. BURIAL, CREMATION. Manner of injury CAUSE mation LION Nature of injury 24. Was disaasa or injury in any way ralated to occupation of deceasad? (Address) If so, specify 20, FILED May 22 195 Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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if death occurred in

a hespitat or institution. give its NAME instead of street and number.]

DEATH

(Day)

in the

State.

DATE OF BURIAL

1 PLACE, OF DEATH STATE OF MARYLAND EXACTLY PHYSICIANS sified. Exact-statement of CERTIFICATE OF Registration Dist. No. St :..... Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINCLE 16 DATE OF DEATH class 3 SEX 4 COLOR OR RACE MARRIED. stated WIDOWED (Month) OR DIVORCED properly crtificate. I HEREBY CERTIFY. That? I attended deceased 6 DATE OF BIRTH pino (Year) 00 pe (Month) S if LESS than 37 YAGE and that death occurred on the date stated above. Ы 1 day, hrs. C. E U min.? mos...... d OCCUPATION tha ed (a) Trade, profession, or o so th U S particular kind of work ō (b) General nature of industry structi business, or establishment in terms which employed (or employer) Contributory 9 BIRTHPLACE (State or country) C W . 20 10 NAME OF 0 FATHER (Signad) ۵ culd I S Address 11 BIRTHPLACE L DI-EASE CAUSING DEATH or, in deaths from VIOLENT 4 (State or country) CAUSES, State (I) MEANS OF INJURY: and (2) whether ACCIDENTAL. LL SUICIDAL OF HOME IDAL 12 MAIDEN NAME 0 Œ FOF d OF MOTHER 18 LENGTH OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSIENT 13 BIRTHPLACE At place S 0 OF MOTHER of death 5 15 (State or country) N Where was disease contracted UZ 14 THE ABOVE IS TRUE should state C If not at place of death? Former or usuai residence BURIAL OR REMOVAL 15 20 MNDERTAKER m REGISTRAR

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CORD

PERMANENT

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[Approved by U. S. Census and American Public Realth Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm loborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesmon, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer. Stationary firemon, etc. But in many cases, write None. Housemoid, ctc. If the occupation has been changed taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the сып. Compositor, first line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupamany occupations a single word or term on the is very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part statement. Never return "Laborer," Architect, Locomolive engineer, If retired from

Statement of Cause of Death—Name, first, the Diblass Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia of lungs, meninunqualified. is indefinite); Tuberculosis of lungs, meninunqualified.

on Nomenclature of the American Medical Association.) SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the genital," "Senilc," ctc.), "Dropsy," "Exhaustion," "Heart failurc," "Haemorrhage," "Inanition," "Marssmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere nephritis, etc. The contributory (secondary or intercursough; Chromic valendar heart disease; Chronic interstitud "Tumor" for melynamt neoplasms); Measles; Whooping (name origin; "Cunter" is less definite; avoid use of ges, perilonneum, etc., Carcinoma, Sarcoma, etc., of under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated Struck by railway train-accident; Revolver "PUERPERAL peritonitis," etc. symptoms or terminal conditions, such as "Asthenia," Example: Measles (discuse causing death), 29 ds.; Bronrent) affection need not be stated unless important. nn statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carholic acid-probably cause. or miscarriage Always qualify all diseases resulting from childas "PUERPERAL seplichaemia," State cause for which (Recommendations ACCIDENTAL, punon

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH		STATE	OF MARYLAND
County farratt		(A) CERTIFIC	CATE OF DEATH
		Regist	ration Dist. No. 157
Village or City Xerry Con 2FULL NAME	No. Jilo	St:	Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFIC	CATE OF DEATH
Tenan Do Wants Wil	DOWED. DIVORCED rite the word)		3 (-, 1933 h) (Year)
6 DATE OF BIRTH	211		at I attended the deceased from
(Month)	(Day) (Year)	that I last saw halive on	, 192,
7 AGE Still Bours.	I day hrs.	The CAUSE OF DEATH * was as fol	
(a) Trade, profession or particular kind of work	~	3	
business, or establishment in which employed or (employer)		(Duratio	n)yrs mosds.
9 BIRTHPLACE (State or country)	2	Contributory Secondary	7
10 NAME OF SALES	an m	(Signed)	mos ds,
OF FATHER		*State the Disease Causing	Death, or, in deaths from
OF FATHER (State or country) 12 MAIDEN NAME	Romer	*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	
OF MOTHER THE LINE OF MOTHER THE PLACE	ACCT AND THE	18 LENGTH OF RESIDENCE (For Ments or Recent Residents)	Hospitals, Institutions, Trans-
OF MOTHER (State or Country)	R ma :	At place of deathyrsmosds.	Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF I	. M D	if not at place of death? Former or	
(Informant) down leves	In Oral Drawn	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address)	n UDI)	Remplon Com les	ADDRESS
Filed June 1. 1950 Lagin	10 M. Harver	George Montgome	I Hampton 210'
If more branks are neede	d, addre.s State Registrar,	16 W. Saratoga St., Balto., Request	ing V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation loborer, Farm loborer, Loborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (c) Salesman. (b) Grocery. (a) Foreman, (b) Automobile foctory. The material should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stotionory fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, hou shold only (not paid Housekeepers who receive a Physician, Compositor, Architect, tion applies to each and every person, irrespective of report specifically the occupations of persons enfirst line will be sufficient, e.g., Farmer or Planter, siciru, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on without more precise specification as Doy As examples: (o)

Streement of Cause of Death—Name, first, the DISEAN CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The n.ture of the injury, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway troin taken. For VIOLENT DEATHS state MEANS OF INJULY perilonaeum, etc., Corcinoma, Sorcomo, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be ass important. Example: Measles (disease Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Stated EXACTLY. ATH UNFADING INK-THIS IS A PERMANNING RECORD N. B .-- Every item of information should be carefully supplied. ACE should be WRITE PAINLY,

MARGIN RESERVED FOR BINDING

PLACE OF DEATH	STATE OF MARYLAND
County Yardl	CERTIFICATE OF DEATH
	Registration Dist. No. /62
Village or City accident (No.	St.: Ward) (If death occurred a hospital or institution, give its NAME stend of street a
2FULL NAME Stelen Marey R.	ichtis number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenale White (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
aps 23 , 1883	126 10 1983. to May 11 , 198
(Month) (Day) (Year)	_
7 AGE	
bo yrs. mos. ds. or min	
8 OCCUPATION	2 / Mypinlingeaillean
(a) Trade, profession or	
particular kind of work	
particular kind of work Arrest allowed (b) General nature of industry	
(b) General nature of industry business, or establishment in	(Duration) Vrs. (2 mge
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Chalecyplets & arche
(b) General nature of industry business, or establishment in	(D)
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF	Contributory Secondary Dyration Tree month
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Ascenels Aaulwald	Contributory Secondary (Signed) (Signed
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER THER THE	(Signed) (Si
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER TI BIRTHPLACE OF FATHER (State or country) Country Country	Contributory Secondary (Signed)
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER II BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME	Contributory Secondary (Signed)
(b) General nature of industry business, or establishment in which employed or (employer) BERTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER AMELIA Blasmfelly	Contributory Secondary (Signed)
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER	(Signed)
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 MAIDEN NAME OF MOTHER (State or Country) 15 BIRTHPLACE OF MOTHER (State or Country) 16 MAIDEN NAME OF MOTHER (State or Country)	(Signed)
(b) General nature of industry business, or establishment in which employed or (employer) BERTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)
(b) General nature of industry business, or establishment in which employed or (employer) BERTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Signed). (Signed). *State the l'isease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
(b) General nature of industry business, or establishment in which employed or (employer) BERTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Adam Richley (Informant) Adam Richley	Contributory Secondary (Signed) *State the l'isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(b) General nature of industry business, or establishment in which employed or (employer) BERTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) Accident And	Contributory Secondary (Signed) *State the Pisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transienta or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ALLICIANT DATE OF BURIAL
(b) General nature of industry business, or establishment in which employed or (employer) BERTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Adam Richley (Informant) Adam Richley	Contributory Secondary (Duratical) (Signed). *State the l'isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

05153

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH U5154
1. PLACE OF DEATH	193)
county Garrett	Registration Dist. No. 169
Village or City Dela Park, Md.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How tong in U.S. If ot foreign birth? 8 6. yrs. 5 mos. 24 ds.
2. FULL NAME Denjamin Jacob Sh	hrasker.
(a) Residence: No. Pleu Park And. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 2", 193 3 (Year)
5a. It harried, widowed, or divorced HUSBAND of (or) WIFE of Mandanet 9. The sheet	22. I HEREBY CERTIFY, That I attended deceased from
0+ neth 1011	april 12" 1933 to May 2" 19.33
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h Less alive on Uptil 50, 19.3 3 _; death is said
7. AGE Years Months Days If LESS than 1 day, 2 hrs.	to have occurred on the date stated above, at 3, 15 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or particular to a M. T.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER The kind of work done, as SPINNER The kind of work done, as SPINNER The kind of the	arterio relevosis
9. Industry or business in which work was done, as SILK MILL, Davis Lumber lo Sel SAW MILL, BANK, etc	pyrulent, hidney
SAW MILL, BANK, etc	chronic hypertrophy of the prestate
12. BIRTHPLACE (city or town) Gedar Creek	Other Contributary Causes of Importance:
(State or country) Theuse Look Co. Va.	
13. NAME Jacof Uhler Shrasher 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of oporation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elizabeth Smith	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AT colored The Advances	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Deer Park MA Date May 44, 1933	Nature of injury
19. UNDERTAKER D. E. Bolden	24. Was disease or injury In any way related to occupation of deceased? 20
20. FILED Lay 14 , 1933 Wellin / Ap Chathley	(Signed) A. W. M. D. (Address) Oakland M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

SIAIE 1. PLACE OF DEATH		$\frac{(97)}{(97)}$
County Sure	H	Registration Dist. No. 167
Village or City Sour	1/1	No. St., W. If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U. S if of foreign birth? yts. mos.
2. FULL NAME Most	sie daatii occurredyis,iii	
(a) Residence: No.	Wh. Assertance	St. Ward.
(a) hesiocite. No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH
male white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE-0f Clayalleth.	Jague Williams	22. MIHEREBY CERTIFY, That I attended dacaasad f
6. DATE OF BIRTH (month, day, and year)	Sept 19 1855	I last saw h de elive on May 10 lot , 1933; deeth is
7. AGE Yeers Months	Days If LESS than 1 day,hrs ormin.	to have occurred on the date stated above, at
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Painter	arterioselorosos 193
3. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc	3.2 11. Total time (years) spent in this occupation 46	
t2. BIRTHPLACE (city or town) PMS (State or country)	orefreldig.	Other Contributory Causes of importance:
13. NAME Morliner &	histories In Illique	
14. BIRTHPLACE (city or town) M. (State or country)	refield. Wy	Name of operation Date of
(Stata of Country)		What tast confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	11	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?
17. INFORMANT Mis M. J.	J. Williams	Where dld injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Dar May 15, 19.3.	Manner of injury Nature of injury
19. UNDERTAKER Address) UKO	Tolder	24. Was disaese or injury in any way ralated to occupation of daceased?
20. FILED May 14, 1933 V	Arginia Harvey	(Signad) W. J. Dankerteler , N (Address) J. Dankerteler , N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitud nephritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



FOR BINDING

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DEATH

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OCCUPATION

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County GARRETT Registration Dist. No. Village or City KITZ MILLER ND. St.,
(If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ARRIE 5e. If merried, widowed, or divorced HUSBAND of I HER-EBY CERTIFY. Thet I attended deceased from 22. (or) WIFE of ---. to-: death is said 6. DATE OF BIRTH (month, day, and year) T 7. AGE Years Months Devs If LESS then to heve occurred on the dete steted above, et. The PRINCIPAL CAUSE OF DEATH and related causes of importance min. Date of onset 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc., Thoustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed lest worked et 11. Totel time (yeers) this occupation (month end 4 spent in this occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) (Stete or country) Whet test confirmed diagnosis?

FATHER 14. BIRTHPLACE (city or town) MOTHER (State or country) (Address) 18. BURIAL, CREMATION, OR REMOVAL 1.00.F. CEMETERY, NETHKEN HILL

19 UNDERTAKER (Address) 23. If deeth was due to external causes (VIOL ENCE) fill in also the following: _ Date of injury MAY 12 Where did injury occur? KITZMILLER (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE IN HOME Menner of injury GUN WUNND

24. Wes disease or injury in any way-related to occupation of deceased? If so, specify

Nature of injury PBOVE ERK.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Aganta .	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: